

07-02-07  
PART B - FEE(S) TRANSMITTAL

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22851 7590 04/19/2007

DELPHI TECHNOLOGIES, INC.  
M/C 480-410-202  
PO BOX 5052  
TROY, MI 48007

07/02/2007 SFELEKE2 00000014 500831 10080474

01 FC:1501 1400.00 DA  
02 FC:1504 300.00 DA

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<u>Susan Grisham</u>	(Depositor's name)
<u>Susan Grisham</u>	(Signature)
<u>6-29-07</u>	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/080,474	02/22/2002	James R. Molnar	89190.146300/DP-302411	8464

TITLE OF INVENTION: SOLENOID-TYPE FUEL INJECTOR ASSEMBLY HAVING STABILIZED FERRITIC STAINLESS STEEL COMPONENTS

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$300	\$0	\$1700	07/19/2007

EXAMINER	ART UNIT	CLASS-SUBCLASS
GANNEY, STEVEN J	3752	239-585100

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
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2. For printing on the patent front page, list

- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
- (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 Paul L. Marshall  
2 \_\_\_\_\_  
3 \_\_\_\_\_

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

DELPHI TECHNOLOGIES, INC.

TROY, MICHIGAN

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are submitted:

- ☒ Issue Fee
- ☒ Publication Fee (No small entity discount permitted)
- ☐ Advance Order - # of Copies \_\_\_\_\_

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- ☒ The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 500831 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

- ☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature

Susan Grisham

Date

6-29-07

Typed or printed name

Susan Grisham

Registration No. \_\_\_\_\_

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